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**PART 1 OF 2
FAX TRANSMISSIONS**

MESSAGE

Re: U.S. Patent Application of John M. McBean, et al.
Entitled: POWERED ORTHOTIC DEVICE
Filed On: November 21, 2003
Application No.: 10/718,913
DCM Case No.: MIT-152AUS

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Client Matter No.: MIT-152AUS

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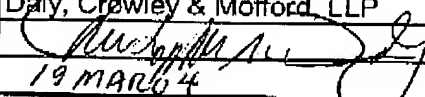
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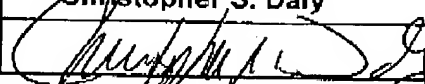
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/718,913	
	Filing Date	November 21, 2003	
	First Named Inventor	John M. McBean	
	Art Unit	3764	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	122	Attorney Docket Number	MIT-152AUS

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; PTOSB/08B with 16 cited references
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Christopher S. Daly Daly, Crowley & Mofford, LLP
Signature	
Date	19 MAR 04
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Date	19 MAR 04

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